

COUNCIL ON MENTALLY ILL OFFENDERS

AB109 REALIGNMENT RECOMMENDATIONS LETTER

As the Governor and Legislature consider structural changes to the correctional system, including proposals to move jurisdiction over non-violent, non-serious, non-sex offenses to local jurisdictions, the Council on Mentally Ill Offenders (COMIO) would like to offer policy suggestions to ensure the state achieves its goal of providing cost-effective services to mentally ill parolees. Currently, there are approximately 170,000 inmates in the California Department of Corrections and Rehabilitation (CDCR) system. Of these, approximately 22 percent are on mental health treatment caseloads (Health Care Placement Program 2).

CDCR tracks two categories of the mental health population based on treatment needs, Enhanced Outpatient Program (EOP) and the Clinical Correctional Case Management System (CCCMS). According to the *2010 CDCR Adult Institutions Outcome Evaluation Report*, "inmates who suffer from mental health issues recidivate at a higher rate than those who do not. Specifically, the recidivism rates for inmates in the EOP and CCMS mental health programs are higher (77.6 percent and 74.3 percent, respectively) than that for inmates who did not have a mental health code designation (66.2 percent)" (28).

COMIO is dedicated to promoting cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who have a history of offending. We believe the Governor's proposal holds great promise for reducing costs and improving outcomes only if the proposal includes adequate resources and appropriate planning to support the needs of mentally ill offenders.

To ensure the mentally ill receive adequate support at the local level, any changes must include the following resource provisions:

- Money and resources must be focused on preventing re-incarceration of the mentally ill.
- Mentally ill parolees should be monitored by the courts, through existing mental health and other collaborative courts, rather than by the Board of Parole Hearings.
- Funding for state supported mental health services for parolees must be transferred to local counties.
- Ensure local jurisdictions expend funding appropriately for the mentally ill.
- In response to mentally ill offender violations, courts should be encouraged to utilize Mental Health Courts and evidence-based practices in making decisions related to parole violations.
- The Mental Health Services Act (MHSA) must be amended to allow local jurisdictions to expend MHSA funds for the treatment of mentally ill parolees or the definition of these parolees must be changed to enable them to be served with this funding. Clarification for offenders is important so they know which services they can access, i.e. parole outpatient clinics versus MHSA services for parolees versus post release supervision eligibility.
- Restrictions to obtaining and utilizing federal and state funds for use at the local level to support the adult and juvenile mentally ill offender population, while in and out of custody, must be eliminated.

To ensure a smooth transition from the state to local governments, planning and coordination provisions must include:

- An approval process for a mental health local care plan that designates adult and juvenile mentally ill offenders as a priority population. Prior to funding, this plan should include a review process that illustrates the approval of the courts, and the Board of Supervisors for each

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county. The state's review and funding process should also include an ongoing commitment towards the utilization of evidence based best practices with a strong evaluation component.

- A verification system that aids parolees in registering for and obtaining benefits and care at the local level.
- Discharge planning for the transition from parole to the county level must take place to assure that mental health services for parolees not be discontinued or interrupted.
- All information regarding patient care must be transferred to the local level by parole and CDCR prior to the transfer of jurisdiction and responsibility for parolees in order to assure consistent medication, management and continuity of care.
- Training and housing issues must be addressed.
- Local Probation, Corrections, Mental Health, and Judges need to receive appropriate education and training on supervision of mentally ill offenders in the local community, utilizing evidence based practices to avoid recidivism in this population.

COMIO respectfully submits these recommendations which were designed to ensure that mentally ill inmates will receive the care necessary to ensure public safety and is, at the same time, cost-effective.

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